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**Apr 04 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066282 (1)

1. Corporation Name
LOWE/PALM COAST, INC.



Principal Place of Business: **1 HARGROVE GRADE
PALM COAST FL 32137**
Mailing Address: **11777 SAN VICENTE BLVD., STE. 900
LOS ANGELES CA 90049-5011**

3. Date Incorporated or Qualified 08/28/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3331478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc. c/o Lowe Enterprises, Inc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
B&C COPORATE SERVICES OF CENTRAL FL, INC.
390 N. ORANGE AVE., STE. 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D/CH <input type="checkbox"/> DELETE
NAME	PLATT, JOHN B. III
STREET ADDRESS	196 LA VEREDA RD.
CITY- ST- ZIP	SANTA BARBARA CA 93108
TITLE	D <input type="checkbox"/> DELETE
NAME	LOWE, ROBERT J.
STREET ADDRESS	11777 SAN VICENTE BLVD., #900
CITY- ST- ZIP	LOS ANGELES CA 90049
TITLE	D/V <input type="checkbox"/> DELETE
NAME	DEL FRANCO, PETER A.
STREET ADDRESS	11777 SAN VICENTE BLVD., #900
CITY- ST- ZIP	LOS ANGELES CA 90049
TITLE	S <input type="checkbox"/> DELETE
NAME	KENYON, BETTY J.
STREET ADDRESS	11777 SAN VICENTE BLVD., #900
CITY- ST- ZIP	LOS ANGELES CA 90049
TITLE	D/P <input type="checkbox"/> DELETE
NAME	HEWLETTE, EARL D.
STREET ADDRESS	5757 PALM BLVD.
CITY- ST- ZIP	ISLE OF PALMS SC 29451
TITLE	CFIO <input checked="" type="checkbox"/> DELETE
NAME	HULME, MICHAEL
STREET ADDRESS	1 HARGROVE GRADE
CITY- ST- ZIP	PALM COAST FL 32137

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vicente
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vicente
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vicente
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP and CFO
6.3 STREET ADDRESS	William T. Wethe
6.4 CITY- ST- ZIP	1 Hargrove Grade Palm Coast, FLA 32137

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Secretary** **3/28/97** **(310) 820-6661**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)